

**Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138**

## Date Stamp (Received)

AUG 03 2017

Permit #:	17-0388
Date:	9-25-17
Amount Paid:	175 8-3-17
Refund:	

Checks are made payable to: Bayfield County Zoning Department

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input checked="" type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER					
Owner's Name:		Kim ZACH			Mailing Address:		18239 NORTH BOTTENOT WAY 54514		Telephone:				
Address of Property:		40055 BOTTENOT LAKE RD			City/State/Zip:		CLEM LAKE WI 54517		715-492-4347				
Contractor:					Contractor Phone:		Plumber:		Plumber Phone:				
Authorized Agent: (person Signing Application on behalf of Owner(s))					Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
PROJECT LOCATION		Legal Description: (Use Tax Statement)			Tax ID# (4-5 digits)		Recorded Deed (i.e. # assigned by Register of Deeds)		Document #:				
1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		20141			
35		43		N, Range		05		W		TOWN OF: WAUKESHA			
Section		35			43		N, Range		05		W		
Shoreland		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?			<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage			Distance Structure is from Shoreline: feet			Distance Structure is from Shoreline: feet		
Non-Shoreland		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?			<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage			Distance Structure is from Shoreline: feet			Distance Structure is from Shoreline: feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>1 1/2" PVC</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input checked="" type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 37	Width: 33	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
Rec'd for Issuance	<input type="checkbox"/>	Principal Structure (first structure on property)	(      X      )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(      X      )	
		with Loft	(      X      )	
		with a Porch	(      X      )	
		with (2 <sup>nd</sup> ) Porch	(      X      )	
Residential Use SEP 22 2017		with a Deck	(      X      )	
		with (2 <sup>nd</sup> ) Deck	(      X      )	
		with Attached Garage	(      X      )	
	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(      X      )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(      X      )	
Commercial Use	<input type="checkbox"/>	Addition/Alteration (specify) _____	(      X      )	
	<input type="checkbox"/>	Accessory Building (specify) _____	(      X      )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(      X      )	
Municipal Use				
	<input checked="" type="checkbox"/>	Special Use: (explain) <u>Short Term Rental</u>	(      X      )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(      X      )	
	<input type="checkbox"/>	Other: (explain) _____	(      X      )	

FAIL TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (specifying any accounting information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we), as the applicant (responsible for the detail and accuracy of all information) I (we) and I (we) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): STY

Authorized Agent: \_\_\_\_\_

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

**Address to send permit**

Date \_\_\_\_\_

Attach

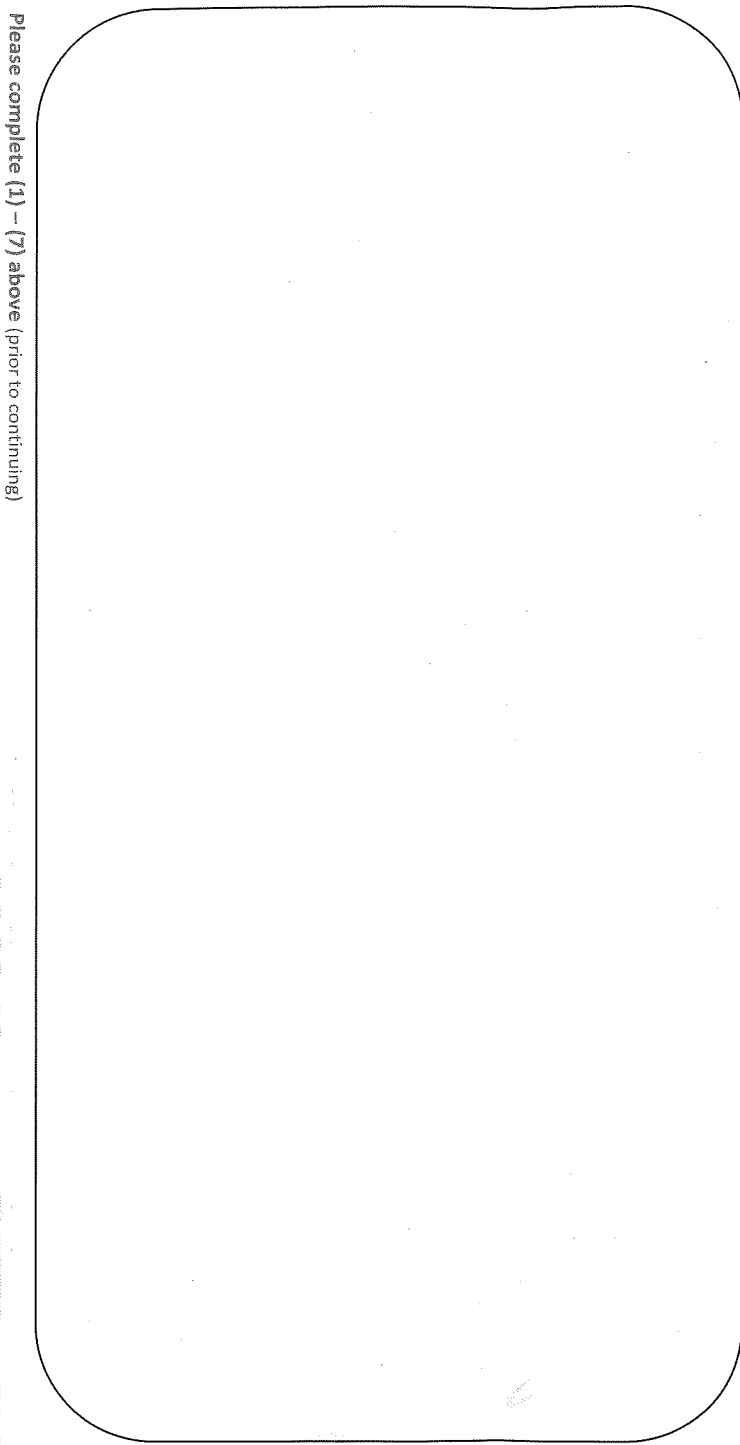
**Copy of Tax Statement**  
**Property send your Recorded Deed**

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

3 2017  
Elected  
(Stamp)

Draw or Sketch your Property (regardless of what you are applying for)

- Show Location of: **Proposed Construction**  
Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): **All Existing Structures on your Property**  
(4) Show: **All Existing Structures on your Property**  
(5) Show: **All Existing Structures on your Property**  
(6) Show any (\*): **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
(7) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
(\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	2000 Feet	Setback from the Lake (ordinary high-water mark)	2029 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	150 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	500 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	400 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	40 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	200 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.  
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 14-515	# of bedrooms: 3	Sanitary Date: 7/26/14		
Permit Denied (Date):		Reason for Denial:				
Permit #: 170388		Permit Date: 9-25-17				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Case #:		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:		Zoning District (R1)		Lakes Classification (2)		
Date of Inspection:		Inspected by:		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)		Date of Approval: 9/22/17				
Signature of Inspector: <i>[Signature]</i>						
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		



City, Village, State or Federal  
May Also Be Required

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

LAND USE – X  
SANITARY – 14-51S  
SIGN –  
SPECIAL – Class A  
CONDITIONAL –  
BOA –

No. **17-0388** Issued To: **Kim Zach**

Location: - ¼ of - ¼ Section **35** Township **43** N. Range **5** W. Town of **Namakagon**

Less E 464' of

Gov't Lot **5** Lot Block Subdivision CSM#

For: **Residential Other: [ 1 – Unit; 2- Story; Short-term Rental ]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Max capacity allowed eight (8) occupants. Abide by and keep licensed through Bayfield County Public Health.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**September 25, 2017**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54991  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

ENTERED

RECEIVED  
SEP 18 2017

Permit #:	17-08390
Date:	9-26-17
Amount Paid:	75 9-18-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>WYANNE LINDER</u>	Mailing Address: <u>1518 WASHINGTON AVE. SO. MIL. WIS. 53192</u>	Telephone: <u>414-962-1901</u>
Address of Property: <u>43630 DOCK PT. RD</u>	City/State/Zip: <u>CARLE WIS. 54821</u>	Cell Phone: <u>414-852-4174</u>
Contractor: <u>---</u>	Contractor Phone: <u>---</u>	Plumber Phone: <u>---</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: <u>---</u>	Agent Mailing Address (include City/State/Zip): <u>---</u>
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>24965 - 24966 - 24967</u>	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: <u>2008</u> R- <u>522793</u>
Section <u>13</u> , Township <u>43</u> N, Range <u>6</u> W	Town of: <u>NAMAKAGON</u>	Subdivision: <u>NAMAKAGON Lake Shore Sub</u>
<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>---</u> If yes---continue →	Distance Structure is from Shoreline: <u>---</u> feet Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: <u>150'</u> feet Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>10,000</u>	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: <u>---</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>SEPTIC</u>	<input type="checkbox"/> ---	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> ---	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/ service contract)	<input type="checkbox"/> ---	
<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	<input type="checkbox"/> ---	

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>36'</u>	Width: <u>30'</u>	Height: <u>9' w/ eaves</u>
Proposed Construction:	Length: <u>20'</u>	Width: <u>30'</u>	Height: <u>9' w/ eaves</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use Rec'd for Issuance SEP 22 2017	Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 <sup>nd</sup> ) Deck <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> )	      
<input type="checkbox"/> Commercial Use	with Attached Garage	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Mobile Home (manufactured date) <u>---</u>	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>---</u>	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Accessory Building (specify) <u>---</u>	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Accessory Building Addition/Alteration (specify) <u>ADD 20' TO CHANG</u>	( <u>20</u> X <u>30</u> )	<u>600</u>
	Special Use: (explain) <u>---</u>	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Conditional Use: (explain) <u>---</u>	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Other: (explain) <u>---</u>	( <input type="checkbox"/> X <input type="checkbox"/> )	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Wyann Linder Date: ---  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

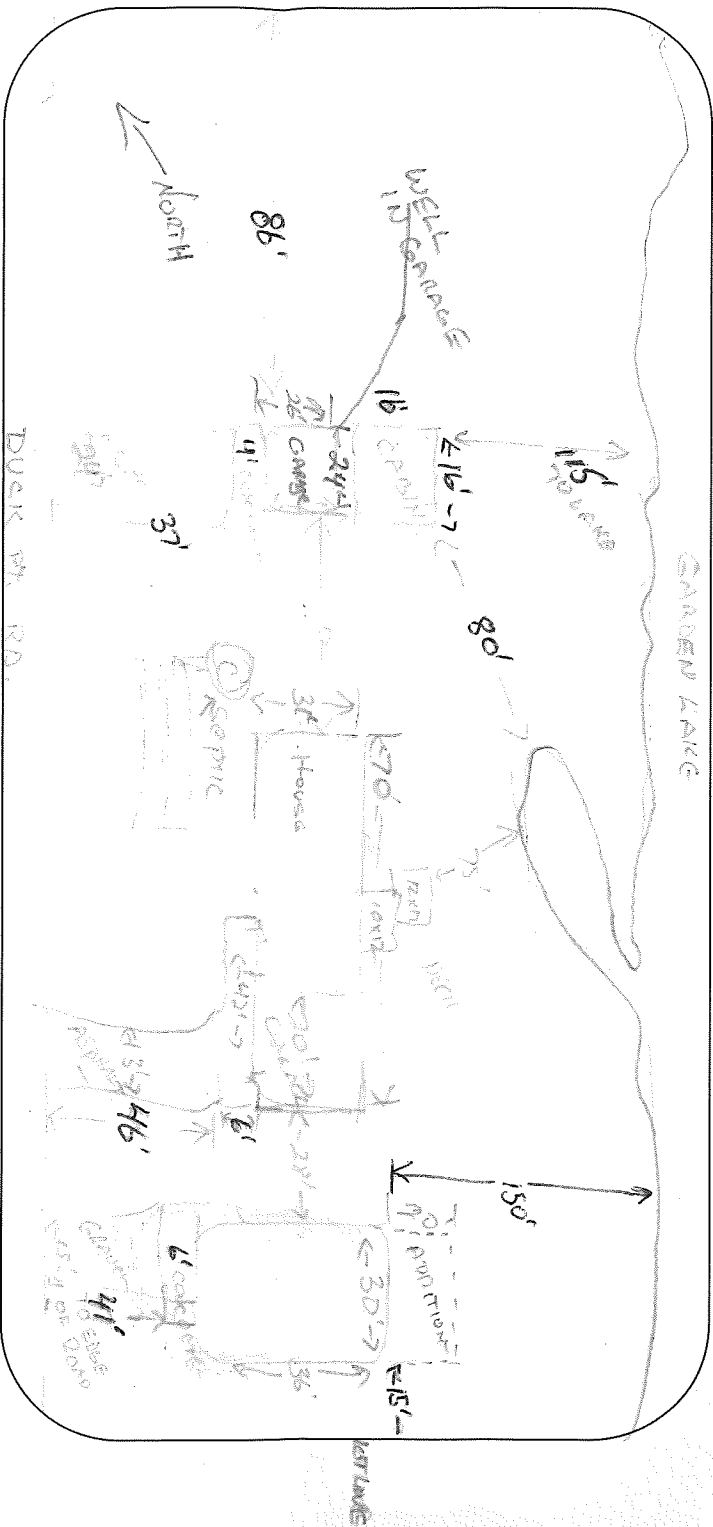
Authorized Agent: --- Date: ---  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit ---

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

	Proposed Construction
(1) Show Location of:	North (N) on Plot Plan
(2) Show / Indicate:	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*):	All Existing Structures on your Property
(4) Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show:	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*):	(*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):	



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	55 Feet	Setback from the Lake (ordinary high-water mark)	150' Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	47 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	15 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum rear setback line, the owner shall cause the corner or corners of the lot to be surveyed by a licensed surveyor at the owner's expense.

Prior to the placement of construction for a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or previously surveyed corner to the owner's previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0390		Permit Date: 9-26-17		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Required Affidavit Attached
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record:		Zoning District (BRB3) Lakes Classification (1)		Date of Re-Inspection:
Date of Inspection: 9/21/17		Inspected by: [Signature]		
Condition(s): Town, Committee or Board Conditions Attached?		<input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached)		
<p>Condition: No accessory building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.</p>				
Signature of Inspector: [Signature]		Date of Approval: 9/22/17		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

own, City, Village, State or Federal  
permits May Also Be Required

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0390** Issued To: **Wayne Linder**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **13** Township **43** N. Range **6** W. Town of **Namakagon**

Gov't Lot Lot **29** Block Subdivision **Namakagon Lakeshore** CSM#

For: **Residential Accessory Structure Addition / Alteration: [ 1- Story; Addition (20' x 30') = 600 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s):** No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**September 26, 2017**

Date